



L-1120X
CITY OF
LANSING

CITY OF LANSING INCOME TAX
Amended Business Return

PLEASE PRINT OR TYPE	Name		Federal Employer ID Number
	Address (Number and Street)		
	City, Town or Post Office	State	Zip Code

Please answer all questions and fill in applicable items.

Enter name and address used on original return.

THIS RETURN AMENDS PREVIOUSLY FILED RETURN FOR CALENDAR YEAR _____ OR
FISCAL YEAR _____ TO _____

CORPORATE ☐ PARTNERSHIP ☐

NOTE: Explain any changes on the reverse side of this form.

INCOME	A. As Originally Reported	B. Net Change (Increase or Decrease, explain on reverse side)	C. Corrected Amount
1. Total Income Subject to Tax		\$	

TAX LIABILITY

2. City of Lansing Tax			.
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PAYMENTS AND CREDITS

3. Estimated Lansing Income Tax Payments			
4. Other Credits			
5. Amount Paid With Original Return, Plus Additional Payments Made After The Return Was Filed			
6. Total Payments and Credits - Add Lines 3 through 5, Column C			

REFUND OR BALANCE DUE

7. Amount of Refund Received or Requested on Original Return	
8. Net Payments and Credits - Subtract Line 7 From Line 6, and enter Result	.
9. If Line 2, Column C is More Than Line 8, Enter Balance Due. Please Pay in Full With This Return	.
10. If Line 2, Column C is Less Than Line 8, Enter Refund to be Received	.

I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief this amended return is true, correct and complete. If prepared by a person other than the taxpayer, his declaration is based on all information of which he has any knowledge.

Sign Here	Signature of Officer	Date	Signature of Preparer other than taxpayer	Date
			Address	

☐ I authorize Treasury to discuss my return and attachments with my preparer.

MAIL TO: City Income Tax, City of Lansing, 1st Floor, City Hall, 124 W. Michigan Ave., Lansing, MI 48933

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